



PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

<b>Application Number</b>	09/980,150
<b>Filing Date</b>	08/05/2002
<b>First Named Inventor</b>	Gregory S. KELLER.
Group Art Unit	1615
Examiner Name	Not Yet Assigned
Attorney Docket Number	514072000100

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313

I hereby apply to withdraw as attorney or agent for the above identified application.

This request to withdraw is being made at the request of the applicant.

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

**CORRESPONDENCE ADDRESS**

Customer Number  →   
OR

Firm or Individual Name **Stuart Macphail**  
**Fish & Richardson P.C.**

Address **45 Rockefeller Plaza, Suite 2800**

City **New York** State **New York** Zip **10111**

Country **US** Telephone **212 765-5070** Fax **212 258-2291**

This request is made on behalf of myself and  
 all attorneys/agents of record,  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number **25225**

This request is enclosed in triplicate.

Name **Kate H. Murashige - Reg. No. 29,959**

Signature

Date **October 24, 2003**

**NOTE: Withdrawal is effective when approved rather than when received.**  
**Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date shown below.

Dated: **10/24/03** Signature: (Matt Russell)



Please type a plus sign inside this box

Image 1615

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

Approved for use through 10/31/2017. GPO 2007-080.

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# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/980,150
		Filing Date	08/05/2002
		First Named Inventor	Gregory S. KELLER
		Group Art Unit	1615
		Examiner Name	To be Assigned
Total Number of Pages in This Submission	4	Attorney Docket Number	514072000100

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request to Withdraw as Attorneys of Record (in triplicate); postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks Customer No. 25225	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Kate Murashige, Reg. No. 29,959 Morrison & Foerster LLP 3811 Valley Centre Drive, Suite 500, San Diego, CA 92130-2332
Signature	
Date	October 24, 2003

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Dated: 10/24/03

Signature:  (Matt Russell)